



1. ALL DOMESTIC WATER AND WASTE PIPING TO BE RUN IN CRAWLSPACE BELOW.
2. REFER TO PLUMBING CONNECTION SCHEDULE FOR BRANCH SIZE TAKE-OFFS TO PLUMBING FIXTURES.
3. PIPE OFFSETS SHOWN ON P200 AND P201

- ① OFFSET 2" VENT IN ATTIC. UP TO VENT THRU ROOF
- ② OFFSET 3" VENT IN ATTIC. UP TO VENT THRU ROOF
- ③ PROVIDE A 4" WALL CLEANOUT AT ALL FUTURE WASTE STACKS NEAR BACK
- ④ LOW VOLTAGE SWITCHES FOR EACH PATIENT TOILET ROOM'S ACTUATED BALL VALVES. LABEL EACH SWITCH WITH CORRESPONDING OWNER ROOM NUMBERS. COORDINATE WITH ELECTRICAL CONTRACTOR. EACH SWITCH SHALL HAVE RED AND GREEN LED LIGHTS. INSTALL 120/240 VOLT TRANSFORMER BELOW IN CRAWL SPACE.
- ⑤ 1/2" COLD WATER & HOT WATER AND 1-1/2" VENT DOWN PER PLUMBING FIXTURE
- ⑥ 3/4" COLD WATER & HOT WATER AND 1-1/2" VENT DOWN PER PLUMBING FIXTURE
- ⑦ 3/4" COLD WATER DOWN PER PLUMBING FIXTURE
- ⑧ 1-1/2" COLD WATER & 2" VENT DOWN PER PLUMBING FIXTURE

- A. IN PUBLIC TOILET ROOM #105 DELETE FIXTURES P-103 AND P-402 AND ALL ASSOCIATED PIPING.
- B. IN STAFF TOILET ROOM #104-3 MOVE FIXTURES P-103 AND P-402 AND ALL ASSOCIATED PIPING TO REVISED LOCATION SHOWN ON ARCHITECTURAL PLANS. DELETE FIXTURE P-711 AND ALL ASSOCIATED PIPING.
- C. IN STAFF LOUNGE ROOM 104-5 MOVE FIXTURE P-528 AND ALL ASSOCIATED PIPING TO REVISED LOCATION SHOWN ON ARCHITECTURAL PLANS.

100% OWNER REVIEW
NOT FOR CONSTRUCTION
12/16/2011



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I hereby certify that this plan, specification or report was prepared by me or under my direct supervision and that I am a duly licensed Engineer under the laws of the State of Minnesota.

Signature _____

Registration No.

Date 11/17/2011

DRAWING TITLE	
GROUND FLOOR PLUMBING PLAN	
APPROVED: CHIEF OF STAFF	DATE
APPROVED: MEDICAL CENTER DIRECTOR	DATE

PROJECT TITLE
LONG TERM / INTERMEDIATE
PSYCHIATRIC UNIT

1008 J. H. J. van't Hof

BUILDING No	CHECKED BY
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	Checker
LOCATION	
4801 VETERANS DR. SAINT CLOUD	

DATE
12/16/2011

AS NOTED
PROJECT NO.
2032.001.00

	CAD FILE

DRAWING NO.
P101

